

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/820,992 FILED DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1		1		1		
2	1		1		1		
3	1		1		1		
4		3		3		3	
5		3		3		3	
6		3		3		3	
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8		3		3		3	
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TOTAL IND.	3		3		3		
TOTAL DEP.	27		27		27		
TOTAL CLAIMS	30		30		30		

  

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